

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 6

2. STATE:

WV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☒ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Social Security Act 1902 (a)(10)(A)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 570,000

b. FFY 2002 \$ 1,140,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2-2-A  
Page 23b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Optional coverage of women with breast or cervical cancer

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Phillip A. Lynch*

13. TYPED NAME:

Phillip A. Lynch

14. TITLE:

Acting Commissioner

15. DATE SUBMITTED:

March 12, 2001

16. RETURN TO:

Phillip A. Lynch, Acting Commissioner  
Bureau for Medical Services  
350 Capitol Street, Room 251  
Charleston, WV 25301-3706

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: <i>3/13/01</i>	18. DATE APPROVED: <i>MAR 22 2001</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>4/1/01</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Claudette V. Campbell</i>
21. TYPED NAME: <i>Claudette V. Campbell</i>	22. TITLE: <i>Associate Regional Admin. DMSC-Region 3</i>
23. REMARKS:	

STATE: West Virginia

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Citation

Groups Covered

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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902 (a) (10) (A)

(ii) (XVIII) of the Act X [24].

Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act X [25].

Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive ends on that last day.

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TN No. 01-06

Approval Date:

**MAR 22 2001**

Effective Date:

4/1/01

Supersedes

TN No. \_\_\_\_\_